



Supporting SLTs with disabilities in the workplace: a guide for all

October 2021

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This document has been prepared with the help of the RCSLT Disability Working Group. A huge thank you to them for sharing their time, resources and expertise to put this together. We hope it is useful for all speech and language therapists (SLTs), speech and language therapy assistants (SLTAs) and students, whether or not you have a disability, and that it will help promote understanding and raise awareness about the context of working life for people with a disability, difficulty or difference.

It is intended to provide practical information and tips on supporting SLTs with a disability in the workplace. We hope this will help both SLTs and their managers to discuss, develop and implement workable, practical adjustments to enable all SLTs with a disability to participate fully in their workplace.

This document does not provide legal advice, but links to relevant pieces of legislation are included for completeness.

"You can treat disabled people better or 'more favourably' than non-disabled people and sometimes this may be part of the solution."

[The Equality and Human rights Commission](#)

How is disability defined?

In England, Wales and Scotland disability is defined in the [Equality Act 2010](#). This means you're disabled under the Act if you have a physical or mental impairment that has a 'substantial' and 'long-term' negative effect on your ability to do normal daily activities. This can mean anything from a physical or sensory disability to neurodivergencies (including autism) to mental health disorders such as anxiety or depression. There is further detailed guidance on how that is interpreted on [GOV.uk](#).

In Northern Ireland there are two pieces of legislation where disability is defined, they are the [Disability Discrimination Act 1995](#) and the [Special Educational Needs & Disability \(NI\) Order 2005](#).

A note on terminology

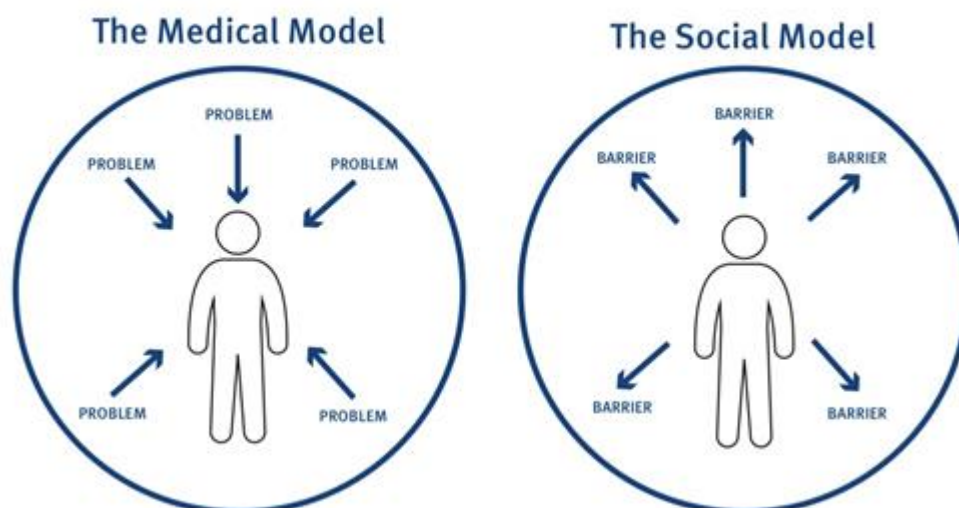
This resource intends to use positive language about disability. Depending on the context, 'person-first' terms like 'an SLT with a disability' and 'community-identifying' or 'identity-first' terms like 'disabled SLTs' are used. It is understood that different people have different preferences when it comes to terminology, so this document uses such terms interchangeably. We recommend that when speaking about a person or a group of people, and it is possible to check, you should always use the words that they are most comfortable and identify with.

Ableism (like racism or sexism) is defined as discrimination, prejudice or bias towards a social group; in this case, disabled people. It is based on a belief that typical abilities are superior and more highly valued (Campbell 2009, Wolbring 2008). This results in treating people unfairly because they have a disability, which might be an illness, injury or a long-term condition. We often unintentionally use ableist language, without realising that this is based on historical prejudices and unconscious biases. We are listening and learning about this and recognise that we need to continue on this journey. We are committed to welcoming disabled people into our profession and valuing them highly.

Medical and social models of disability

Historically, disability was seen as a 'fault' of the individual and attempts were made to 'normalise' people as much as possible using medical interventions. This is known as the **medical** or **traditional** model of disability.

From the 1970s onwards, disabled people campaigned for equal rights, citing that environments and attitudes caused disablement, rather than the impairments they had. This is known as the **social model** of disability. The theory of the social model is that removing barriers promotes inclusion. The medical model has persisted in the healthcare sector. Studies have shown that this way of thinking about disability is at the root of many issues facing healthcare professionals with impairments as they train and work.



Who is this document for?

This document will be of particular interest to SLTs and SLTAs with a disability and their managers, admissions tutors to speech and language therapy training courses, HR departments and Occupational Health departments. It will also be relevant to student SLTs with a disability and placement educators in the context of placements. Where this document refers to SLTs it also refers to SLTAs, unless the context relates to qualified SLTs only.

We hope that colleagues of SLTs with a disability will also find this useful in terms of raising awareness of the issues and being able to speak up if they see discrimination.

Context

The Department for Work and Pensions [Family Resources Survey 2018/19](#) reported that 19% of working age adults have a disability. Around 39% of this group in turn reported mental health impairments. While we do not know at present how many SLTs have a disability, we do know from student SLT data that in 2018/19 21% of students had declared a disability. Potentially that equates to perhaps 1 in 5 SLTs in the workforce with a disability, corresponding to the prevalence in the general working age population.

Thinking about how to support colleagues or team members with a disability is something we should all do. SLTs with a disability should be welcomed into the profession and valued for their contribution.

The RCSLT wants to see a workforce that reflects the diversity of the populations it serves. SLTs with a disability can bring valuable experience and understanding to their practice, their service user communities and the workplace. They may also bring valuable skills such as BSL or Makaton, for example, and experience of living with, or being diagnosed with, life-changing conditions. Those skills are of great value to the SLT profession and it is important SLTs with a disability are supported by employers and within the profession to continue to offer those.

Tips for SLTs

Applying for a job and interview

Deciding whether to disclose a disability and ask for reasonable adjustments at the application or interview stage is a personal decision. There is no need to do so if you do not wish to. Employers cannot ask job applicants about their health or disability until they have been offered a job, except in specific circumstances where the information is necessary for the application process or a requirement of the job. [The Equality and Human Rights Commission](#) provides more information about this.

Employers cannot discriminate at interview or in your application because of disability. But, for example, if you do not request a reasonable adjustment before an interview, then it could be unlikely it could be accommodated at the point you arrive.

The [HCPC](#) also provides guidance about looking for work.

There are often local support organisations that may be able to provide support as you decide whether and at what stage to disclose a disability, such as Citizen's Advice. Disclosing a disability at an early stage does allow you to take control of that decision and for a more planned approach, rather than feeling more rushed into it at a later point.

Supporting you in your job

It is up to you whether you choose to disclose your disability and who you disclose it to. You will want to think about what you feel comfortable sharing and whether you wish to limit those to whom you talk to about your disability. You may also wish to consider and discuss with your manager whether to disclose your disability to service users or not.

Below are some tips and information from SLTs with a disability about what has been helpful when discussing with their manager and colleagues.

Disability passports

A disability or health passport is a document of needs and agreed adjustments that will follow you around your workplace, including if you change roles. They are helpful in setting out any specific adjustments and in providing a useful structure to follow. As with all plans it is important to review them regularly.

You might find this [downloadable health passport](#) from NHS Employers a helpful template to use. Your own organisation may also have one.

Staying well plans

You might also find a staying well plan helpful for you and your manager to complete. It might cover general triggers, things that will be noticeable if you start to be unwell, when to be seriously worried, who to call and who not to call. It can cover how regularly you and your manager should check on your health. It is a live document and should be kept up-to-date. These documents are useful if the impact of your disability fluctuates.

MIND has produced a useful guide about [supporting mental health at work](#) which includes advice about what to put in a staying well plan.

Reaching agreement on what is reasonable

[Employers must make reasonable adjustments](#) to make sure workers with disabilities, or physical or mental health conditions, are not substantially disadvantaged when doing their jobs. This applies to all workers, including trainees, apprentices, contract workers and business partners. A reasonable adjustment can take many forms. It might mean adjustments to the working day, the workstation, hours, resources needed, caseload or whether and how the employee can travel.

You and your manager, and possibly occupational health, will wish to discuss any reasonable adjustments that can be made. You may need to discuss more than once to review how these suggestions will work, especially if you are in a new or changed role. Regular reviews should be built in to check whether the adjustments are working as planned.

We have listed some reasonable adjustments below that other SLTs with a disability have told us were helpful for them. If you have any other suggestions to add to this list, please let us know. There are also some useful documents in the [resources section](#) of this document.

Adjustments to facilities and equipment

- Technology to help support you in your work
- Widening a doorway, providing a ramp or moving furniture for a wheelchair user
- Relocating light switches, door handles, or shelves for someone who has difficulty in reaching

Adjustments to enable you to be at work or working

- Phased return after a period of ill health – working fewer days and/or shorter hours
- Working from home until mid-morning if medication leaves you too sleepy to drive
- Working at one place
- Travel accessible by public transport
- Local travel to placements
- Shorter days
- Part-time
- Home working an option
- Having an office day/week (in a role which is mobile) if starting to have early warning signs that health is deteriorating
- Allowing absence from work or training due to treatment, appointments or rehabilitation

Adjustments relating to your role

- Working with a colleague to build confidence, for example on returning from a period of ill-health
- Starting to pick up caseload in stages e.g. one school at a time
- Smaller caseloads
- Proof reader of reports
- 1:1 supervision
- Adjustments to training appropriate to the disability

When your disability changes or you have a new diagnosis

If there are changes in your disability or you have been diagnosed with a new disability you will wish to review with your line manager and occupational health. For a new disability you will need to consider whether your role can still be carried out, with reasonable adjustments if necessary, or whether there are other options such as redeployment that might work. It is reasonable to expect that you will need time to understand what reasonable adjustments might be required and that both you and your manager will need to work through those as your joint understanding develops. This may take time, and your employer should understand that a period of adjustment to any new condition or change is likely to be required.

If you are a qualified SLT, the [HCPC](#) has useful information about when you need to tell them about changes in your health and when it is not necessary.

Raising concerns about disability discrimination

If disability discrimination in your workplace or place of education and training is occurring, whether directed toward you or your service users, the RCSLT is here to help you. All employers and universities have a responsibility to listen and respond. Take these steps to raise your concerns:

- Refer to your local HR, occupational health or university policies and procedures. They will outline what you should do in the first instance.
- If your concern is about patient care, refer to local service policies.
- Refer to relevant HCPC standards and RCSLT information (eg this document and [practice placement guidance](#)).
- Raise your concern with the appropriate person – eg a dedicated officer dealing with disability discrimination, or your line manager.
- If you think your concerns or discussions about reasonable adjustments are not being taken seriously, involve your local Equality Diversity and Inclusion lead or the union.
- If you are a student and your concern is about a placement, raise your concerns immediately so that you can be supported. Do not wait until after the placement has ended, even if you don't want any action to be taken during your placement. If your concern is about a member of HEI staff, raise your concerns immediately.
- If you are a student, you can raise concerns (relating to placement or your HEI) through your placement provider, academic adviser, personal tutor, programme lead, student support administrator or student services. If you need support when attending meetings, HEIs should have equality, diversity and inclusion (EDI) staff available. If you are unsure of what to do, you can go to the student union for advice.
- The RCSLT has always had a dedicated enquiries line. Members (and students who are not members) can call us to raise concerns or seek advice if the approaches above haven't worked. Email info@rcslt.org or phone 020 7378 3012 for help.

Tips for managers

If an SLT has a disability then they are permitted in law to ask for [reasonable adjustments](#). As a manager you may feel concerned about ensuring you do what is legally required or the impact of changes on the team or service users. From the perspective of the SLT, it will have taken courage to speak up about or disclose a disability. It may be the first time they have done so. A reasonable adjustment needs to work to ensure the member of staff can work and feel valued. So it's important for both the SLT and manager to take the time to listen and understand each other's needs at that initial point and proactively work together towards a solution.

It is helpful to consider what is needed from the perspective that it is the absence of adjustments that is the limiting factor in the ability of the SLT to do the job, not the disability itself. There are significant advantages to diversity in the workforce – people with a disability will bring beneficial skills to a service, for example sign language or Makaton. A person with lived experience of a disability will have learned resilience and coping mechanisms, have persistence and understand wellbeing management. They will understand and empathise with service users who may experience similar challenges.

This section is to provide some suggestions about responding to requests for reasonable adjustments. Some examples are also provided in the section above. They do not always have to be complex or costly!

Responding to requests for reasonable adjustments

- Don't make assumptions based on your thoughts about certain conditions or experiences with others who may have that condition. Have a conversation with the employee about how their disability impacts them, as everyone is different.
- Ask what adjustments they think they need, but note that an SLT or student might not know what adjustments they need, especially if the condition is new to them or if the workplace is new to them.
- Include the employee all in emails and conversations where you are trying to sort out reasonable adjustments.
- Be proactive in suggesting you work together on a staying well plan and disability passport if these are helpful.
- Engage Occupational Health at your local level.
- HR or Occupational Health or the staff disability network may have useful suggestions about reasonable adjustments made for others that have been successful.
- Be clear with other team members that reasonable adjustments are not special treatment or an unfair advantage, they are there to provide equity of outcome rather than equal treatment. They are provided to make sure SLTs with a disability are not substantially disadvantaged when doing their job.
- The Government [Access to Work](#) scheme can provide practical help for items such as special equipment or other support. The [Disability Confident Campaign](#) provides guidance and support for employers of disabled people.

Bradford factor scores

The Bradford factor is a formula used by some HR departments to calculate the impact of employees' absences on the organisation. It is based on the theory that short, frequent, unplanned absences are more disruptive to organisations than longer absences. Some employers choose to set thresholds at which Bradford factor scores are deemed to be problematic and require interventions. Employees with disabilities can be adversely affected by such processes and it is therefore important that managers make sure there are safeguards in place to protect employees with medical conditions – such as cancer or mental health conditions – that may cause irregular absence patterns because of hospital appointments. Employers must make sure that their absence policies do not discriminate against employees with disabilities. For example, it is possible to split Bradford scores and have one for disability related time off and another for other illnesses.

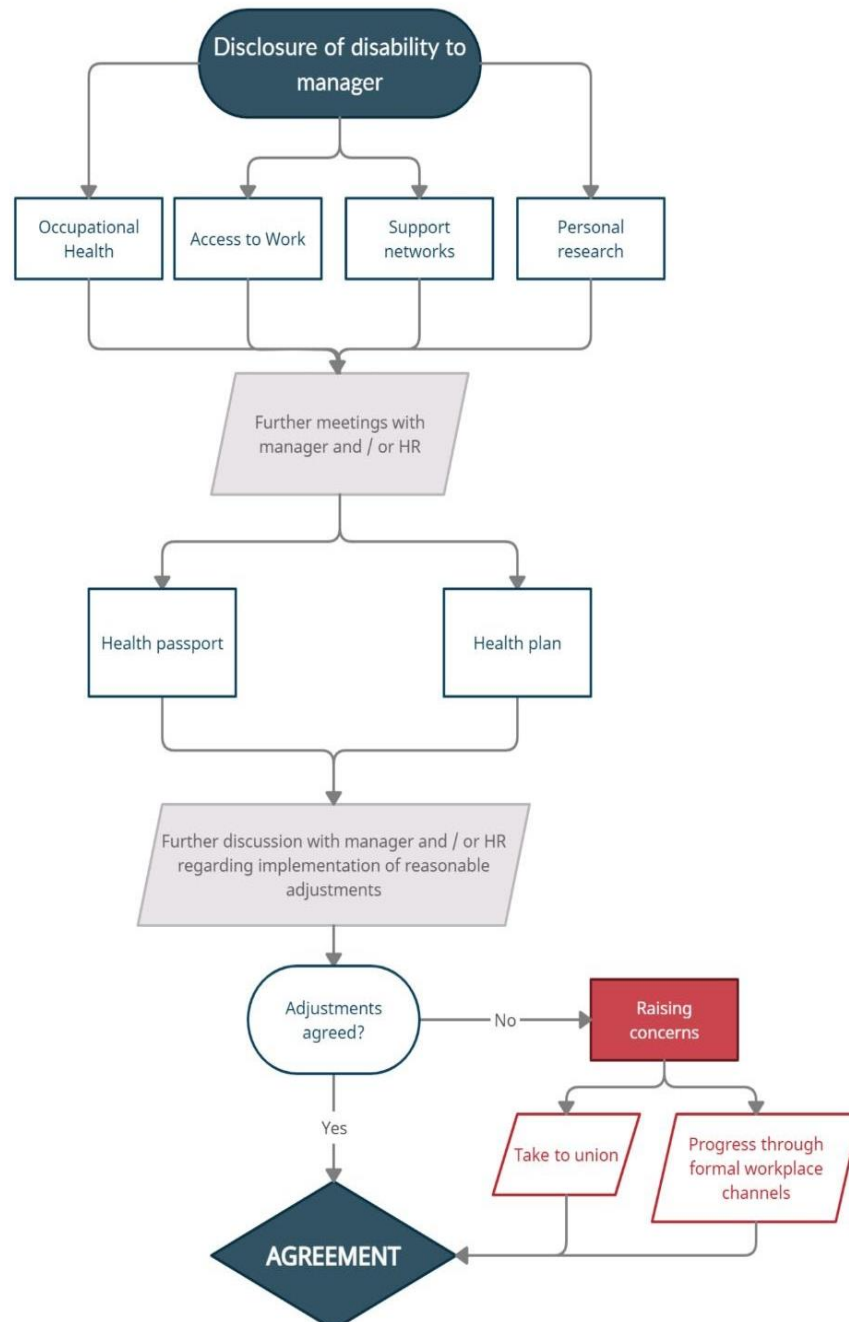
Flowchart

The flowchart below summarises for both SLTs and their managers the steps that can be taken when an SLT discloses a disability. It is important to note that some people may disclose in one setting, but not another – for example, a student may disclose to their university, but not want to disclose for placement – and this is a personal choice.



Disclosing a disability and accessing reasonable adjustments

If you need to have a conversation with your manager to disclose a disability or discuss adjustments and support, ensure that it occurs separately from conversations about your caseload or feedback on your work. You may also bring an advocate, such as a family member, friend, union member, or paid advocate.



The RCSLT has always had a dedicated enquiries line. Members can email info@rcslt.org or phone 020 7378 3012 to seek advice if the approaches above haven't worked.

Students on placement

It is worth noting that around 21% of SLT students have declared a disability. The RCSLT wants to see increased diversity in the profession so that it is more reflective of the populations it serves. We want to encourage students with a disability into the profession and support them through their training. They can bring valuable lived experience and understanding to their learning, practice and the workplace. They may also bring in-demand skills such as BSL or Makaton, and experience of living with or being diagnosed with life-changing conditions. They are likely to have learned how to manage their disability while juggling their education, and been successful in reaching the high standards required for entry into HEIs. That resilience is of great value to the SLT profession and it is important that students with a disability are supported by employers as they enter workplaces, often for the first time.

If you are a **placement educator**, you will be aware that students with a disability coming into the workplace on placement may also declare their disability and require reasonable adjustments to be made. Comprehensive guidance on this can be found in the [RCSLT's practice based learning guidance](#). The sections below provide additional information to support how you and placement students can use and implement the guidance in a practical manner.

We are aware that some students with a disability have had comments made to them while on placement, such as "you won't be able to cope once you qualify" or "you are a client, not an SLT" or similar comments. It is important to emphasize that these are not acceptable or appropriate comments to make to a student, and it is not the place of the practice educator or other colleagues to make a judgement of this nature.

If you are a **student** with any disability, please read this section and think about how it might apply to you and help you with decisions about your placement.

Disclosing a disability prior to placement

Students with a disability may already be aware that workplaces are required to make reasonable adjustments if requested. There is a summary of those [earlier in this document](#). However, we know that it can be daunting to work through the practicalities of making a request. You might want to think about the following:

- As a student it is your decision about whether you disclose a disability, whether to your university or to your placement provider, and it may be difficult to weigh different aspects of that decision. You are not required to disclose a disability to your placement provider, even if you have already disclosed it to your university. This said, the [HCPC also provides a student code of conduct](#), which states: "provide, as soon as possible, any important information about your conduct, competence or health to your education provider and practice placement provider". There is clearly a tension between these two points to work through that will be different for each individual and their circumstances.
- Even if you think you won't need adjustments or don't want to 'cause a fuss' we would strongly encourage you to discuss with your university if you feel able. Often there will be a clinical coordinator who can help – you can find out via your personal tutor if unsure. All universities have their own processes, so ensure you find out how they work in yours.
- Any workplace placement educator will know about the requirement to provide reasonable adjustments if you ask for them. They are likely to already have experience with students with

- a disability, or may have a disability themselves.
- Even if you disclose a disability to your university, they need your permission to share that information with a placement workplace.

Allow enough time

If you think you may wish to disclose a disability before a placement, allow plenty of time for discussion of reasonable adjustments and exploration of the potential needs. Formal processes can be slow, so think months, rather than days or weeks, ahead. It is not too early to discuss reasonable adjustments **immediately** when you start your course.

Who to talk to

You may have already spoken to your personal tutor about your disability. But it is worth also speaking directly to the clinical coordinator or person arranging placements at your university. It can be a complex process, so it is best practice for students to be supported by their university if they then decide to disclose a disability to their placement workplace.

Why it may be beneficial to disclose a disability

The decision on disclosure will be a personal one and no two situations will be the same. For some people it may be better not to disclose a disability – perhaps, having had a discussion with the university, the placement can be flexible with times or locations and that will be sufficient without disclosing to the placement provider. The university cannot tell the workplace about a disability unless they have your permission to do so. In other situations it may be strongly advisable to disclose a disability to the placement provider so reasonable adjustments can be put in place to ensure equity of outcome for students with a disability. Placement providers are unlikely to be able to introduce adjustments with little notice or once the placement has started (unless the disability is new, for example).

Take a look at our [case studies](#) below of students' experiences.

Accessing reasonable adjustments and support on placement

Support from university disability services and application of existing plans or passports

You may be able to take any existing reasonable adjustments agreed with your university and use them as a basis for discussion with your placement provider. However it is important to consider how the workplace will differ from the university environment and it is possible that amendments will be needed.

Discussions about reasonable adjustments

It is best practice to separate discussions on reasonable adjustments from those of professional practice, performance or caseload. There should also be care to ensure that communications between the university and placement provider are anonymised as appropriate to ensure confidentiality.

Flexibility and customisation

The purpose of adjustments is to provide equity of outcome for a student with a disability. It is not about giving those students any sort of advantage. Adjustments need to be customised to the needs identified and flexible if the disability has variations in its impact on the student. Examples of reasonable adjustments are given in the [earlier](#) part of this document. It should not be assumed that the student will know exactly what adjustments are needed, if for example the environment is new to them or the disability is new to them.

Resolving issues that arise on placement

If a problem arises on placement the [RCSLT practice based learning guidance](#) makes clear that any party (student, HEI, practice educator) can request a triumvirate meeting to adapt the reasonable adjustments.

Where to find support

- University Occupational Health
- Other University teams, eg neurodiversity, mental health
- Networks – as a **student** or a **placement educator**, local support groups may exist that would provide information and informal support; for example, NHS diversity networks, university groups, RCSLT networks.
- As a **placement educator**, you might also find it helpful to contact the EDI lead in your Trust or organisation (if you are in an NHS or other public setting).

Colleagues

We hope that all SLTs can be allies to SLTs with a disability. As SLTs you can build relationships of trust with marginalised individuals and/or groups of people.

Although you might not be a member of an under-invested or oppressed group, you can support them and make the effort to understand their struggle and use your voice alongside theirs.

The NHS provides a [programme and resources relating to allyship](#).

Case studies

Case study 1: return to work

Abbie had been off sick for six months with anxiety and depression. Now she was feeling stronger, she had agreed with her GP and social worker that she was ready to start planning a return to work. Her line manager had kept up contact with her and was pleased she was ready to come back to work. She referred Abbie to occupational health and asked her to have a think about what clinical work she wanted to resume and what she wanted to put down.

The appointment with the doctor at occupational health was helpful. She suggested a phased return and also thought it might be helpful for Abbie to write something for her manager explaining what triggers her anxiety/depression and what colleagues may notice if she is becoming unwell again. Abbie and her social worker thought this was a good idea and set about creating a 'staying well at work plan'. They also included what Abbie might find helpful if she was struggling and who she was happy for her manager to contact if she was concerned.

Alongside this Abbie was building up to going into work. She asked to have a meeting with her line manager away from the office to start with, but they planned that the next one would be at the health centre. It felt really strange and scary walking into the office again. Abbie was feeling embarrassed and concerned what her colleagues might be thinking of her, but she took a deep breath and pushed the door open. It was quite a relief that there were not too many people around and one of the admin team that she got on well with smiled and said how lovely it was to see her. She had already told her manager that it would be helpful if people didn't keep asking her how she was – the last thing she needed when she was having a wobble was someone being sympathetic and making her cry.

During the meeting, Abbie and her line manager agreed on a date for Abbie to start work and the reduced hours she would work – she would start working two shorter days a week and gradually build up. The first couple of weeks would be office-based, catching up on her caseload and planning appointments before starting to see the children again. They planned for Abbie to work with a colleague running some language groups to help build up her confidence. The occupational health doctor had also suggested that Abbie have 1:1 supervision for the first few months to discuss any issues, and her manager had lined up someone to be Abbie's supervisor.

The first week back was really hard and Abbie was relieved when 2pm arrived and she could go home. She was exhausted catching up with friends at work and trying to manage her feelings about her caseload and the ongoing re-structuring. She needed to remember to be kind to herself and practise self-care. It was really helpful to chat to her social worker as well and be reminded of how far she had already come. It soon got better though, and once she was working with the children again her confidence grew. She noticed how she had been able to offer advice to a teacher and quickly thought of some activities to help a child with their listening comprehension. It was encouraging to realise that she had not forgotten all her skills and knowledge. Of course, there were good days and bad days but a friend pointed out that this is normal and anyone would feel stressed by a difficult phone call with a parent.

Six months on, Abbie was enjoying work again. She was working four days a week which suited her and gave her time to recharge at the weekends. She still needed support to not take on too much and reassurance that she was doing a good job. She had re-joined her supervision group and felt relieved that she was not the only one feeling stressed by the changes in the way they were working.

Case study 2: Student placement

As pointed out by the RCSLT, colleagues and students with a disability can bring valuable lived experiences and understanding to their learning, practice and workplace. As I live with a life-changing disability I am constantly learning about how to adapt to the environment around me and how to request environmental changes to suit my needs.

Having a disability has developed my assertiveness skills and enhanced the way in which I interact with the world. I view the landscape ahead of me differently from that of an able-bodied person. I notice inconsistencies in the arrangement and planning of the environment and schedules. There can often be a better way. I find I risk assess situations where often the potential risks I see could be a risk averted for many.

With a learning support plan from the university in place, I felt well supported as I embarked on a summer placement. I was thrilled to have a place at a local teaching hospital on an acute adult ward working with patients with dysphagia, and in two outpatient clinics, working with people with head and neck cancer and voice problems.

Before I started the placement, a hospital placement coordinator liaised with me knowing details of my learning support plan. Together we created a feasible programme. I knew that I would not manage to be on my feet all day, nor would I be able to walk long distances. I spread my five-day placement over three weeks; three days in the first week consisting of one full day, a half day, another full day followed by a rest day and then a half day. In the second and third week I carried out a full day on each Tuesday. This was following a particular voice outpatients clinic. I actually really appreciated spreading these sessions over two weeks, as I was able to see the same patients and the developments after seven days of practice and how the therapist progresses patients on and/or steps down exercises for those in need. Of course I had a dialogue with my practice educator and I accommodated the speech and language therapy team's needs as well. The staff had varied work patterns and particular days were more suitable for the team than others. There was a mutual benefit to the arrangement.

On arrival at the hospital I was struck by the building. It was built at the turn of last century and continues to function with this original configuration. There were lots of long corridors and staircases to climb with lifts in unintuitive places. Of course I would not be the only one to struggle with this layout. The hospital had placed folding chairs along the corridor walls to be used by patients as and when as an interim improvement. I understand that there are plans for a new hospital building so there is a reluctance to invest in the current building. I certainly used these chairs for rest breaks as I went to the wards from the speech and language therapy department and back. While I was on the ward my practice educator ensured there was a chair for me to utilise and while I was in the outpatient clinics I was happily sat in the therapy room.

I had an incredibly rich experience on placement and am grateful for this opportunity. By disclosing my needs and limitations a suitable programme was put in place with reasonable adjustments. I certainly did not have a lessened experience.

Useful links and resources

Government and human rights links

- www.equalityhumanrights.com
- <https://www.gov.uk/access-to-work>
- <https://www.gov.uk/browse/disabilities/work>
- <https://www.equalityhumanrights.com/en/multipage-guide/employing-people-workplace-adjustments>

The Health and Care Professions Council (HCPC)

- <https://www.hcpc-uk.org/students/health-disability-and-becoming-a-health-and-care-professional/during-your-programme/>
- <https://www.hcpc-uk.org/students/guidance-on-conduct-and-ethics/be-honest-and-trustworthy/>

Your rights and the employer's obligations

- <https://www.acas.org.uk/supporting-mental-health-workplace>
- <https://www.hse.gov.uk/stress/mental-health.htm>
- <https://www.nhsemployers.org/retention-and-staff-experience/diversity-and-inclusion/policy-and-guidance/disability/reasonable-adjustments-in-the-workplace>

Charities, third sector and other links

- www.differencenortheast.org.uk
- A [blog and book](#) from a student about her experiences of university with a chronic illness

Mental Health in the Workplace

General guides to mental health at work

- <https://www.mentalhealth.org.uk/publications/how-support-mental-health-work>
- https://mhukcdn.s3.eu-west-2.amazonaws.com/wp-content/uploads/2019/05/08103409/Wellbeing-Guide-MHUK_DIGI.pdf
- <https://info.totalwellnesshealth.com/blog/foolproof-tips-for-staying-mentally-healthy-at-work>
- <https://employeebenefits.co.uk/tips-to-stay-mentally-healthy-at-work/>

COVID-19 specific advice

- <https://citymha.org.uk/Resources/News-and-Views/370-/supporting-colleagues-to-stay-mentally-healthy-in-unusual-working-conditions>

Tips for employees

- <https://www.mind.org.uk/media/6895/how-to-be-mentally-healthy-at-work-2020.pdf>

- <https://www.mind.org.uk/workplace/mental-health-at-work/taking-care-of-yourself/tips-for-employees/>
- [https://www.samh.org.uk/documents/SAMH How To Be Mentally Healthy At Work 1.pdf](https://www.samh.org.uk/documents/SAMH_How_To_Be_Mentally_Healthy_At_Work_1.pdf)

Discrimination at work due to mental health

- <https://www.mind.org.uk/information-support/legal-rights/discrimination-at-work/examples-of-discrimination-at-work/>
- <https://www.highspeedtraining.co.uk/hub/mental-health-discrimination-at-work/>

Tips for employers

- https://www.mind.org.uk/media-a/4806/how-to-support-staff-who-are-experiencing-a-mental-health-problem_wales_v2.pdf
- <https://www.headsup.org.au/docs/default-source/resources/bl1235-managing-someone-with-a-mental-health-condition.pdf?sfvrsn=2>

Trade unions

- <https://www.tuc.org.uk/research-analysis/reports/autism-workplace>
- <https://www.unitetheunion.org/what-we-do/equalities/sectors/disabled-members/>

Documentaries

- ***Silenced: The hidden story of Disabled Britain***
For more than a century, one group of people in Britain has been shut out of society, denied basic human rights and treated with fear and prejudice. In this shocking, moving film, Cerrie Burnell is going to uncover the hidden story of how disabled people fought back – and won their freedom. Now, she wants to find out where these attitudes to disabled people come from and why they persist today.
<https://www.bbc.co.uk/programmes/m000rh1g>
- ***Targeted: The Truth about Disability Hate Crime***
A film about the routine aggression and abuse faced by disabled people in today's Britain, from verbal name-calling to violent physical attacks. Featuring a wide range of testimony from survivors.
<https://www.bbc.co.uk/programmes/m000rh4p>

The Royal College of Speech and Language Therapists (RCSLT) is the professional body for speech and language therapists in the UK. As well as providing leadership and setting professional standards, the RCSLT facilitates and promotes research into the field of speech and language therapy, promotes better education and training of speech and language therapists, and provides its members and the public with information about speech and language therapy.

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